PATENT A	APPLICATION FEI	DETERMINATION RECORD
----------	-----------------	-----------------------------

Application or Docket Number

Effective December 29, 1999						091643045								
		CLA		S FILED -	PA		mn 2)			ENTITY	OR	OTHER SMALL		
FC	OR		NUMBE	R FILED		NUMBER	EXTRA		RATE	FEE	1 [RATE	FEE	
BA	SIC FEE				•			,	. 9	345.00	OR		690.00	
TC	TAL CLAIMS		2	minus 2	20=				X\$ 9=		OR	R X\$18=		
INC	DEPENDENT CL	AIMS	2	minus	3 =	*			X39=		OR	X78=		
MU	ILTIPLE DEPEN	TIPLE DEPENDENT CLAIM PRESENT			+260=	1 = 1								
* If the difference in column 1 is less than zero, enter "0" in column 2					OTAL		OR	TOTAL	696.00					
	С	LAIM:	S AS A	MENDED) - P	ART II		•			10.,			
		(Colu	umn 1)			Column 2)	(Column 3)	S	MALL	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT A		REM AF	AIMS AINING TER IDMENT	X. 113	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	**		=	;	X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NIAIIC	ON OF MI	JETIPLE DEF	'ENL	DENT CLAIM		 	-130= ·		OR	+260=		
					,	- (ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Colu	<u>umn 1)</u>			Column 2)	(Column 3)	7,01	J LL				-1-01	
AMENDMENT B		REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	٠		Minus	**		=)	(\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	NTATIO	N OF M	Minus	***		=	7	K39 =		OR	X78=		
	• •	MIATIC	N OF MIC	DEFIFEE DEF	ENL	JENT CLAIM		÷	130=		OR	+260=		
								ADD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	•		ımn 1)			Column 2)	(Column 3)							
AMENDMENT C		REM/	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	•		Minus	**		=	X	\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	***		=	\ \ \ \ \ \	(39=		OR	X78=	•	
	FIRST PRESE	NIATIO	N OF ML	JETIPLE DEF	ΈΝC	DENT CLAIM			120		Í	. 260		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Reviews Paid Fact" IN TURS SPACE is less than 20 and a "20". ** TOTAL														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09/663645
---------------------	-----------

Total Fee Calculation

					4		
	Fee Code	Total # Claims	Number Extra	X	Fee	Fec	*
-	Sm/Lg.				Sm. Entiry	Lg. Estitu-	Total
Basic Filing Fee	201/101	_			-	690,00 =	698,00
Total Claims >20	203/103	2 -20 =		Х		-2223 00 .	<u> </u>
Independent Claims >3	202/102	2 :=		Х		=	
Mult. Dep Claim Present	204/104						
Surcharge	205/105					130.00 =	(3.
English Translation	_139					<u>15 070</u> ° -	130,00
TOTAL FEE CALCUL							820,00
Fees due upon filing t	he application:						
Total Filing Fees Due	= S	<u>820,00</u>		_		,	
Less Filing Fees Subm	itted - S						•
				•			
BALANCE DUE	= S <u>8</u>	20,00					
Office of Initial Patent	سے Examination						
-							

FORM OPE-RAM-01 (Rev. 12/97)